MINUTES

OF THE

PROCEEDINGS

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OF THE

FOURTEENTH ANNUAL MEETING

OF

The Medical Society

OF THE

STATE OF NORTH CAROLINA,

HELD AT

TARBORO', N. C., 15th MAY, 1867.

WILMINGTON, N. C.:
ENGELHARD & PRICE, STEAM POWER PRESS PRINTERS,
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1867.

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Minutes.

The Medical Society of the State of North Carolina held its Fourteenth Annual Meeting at the Court House in Tarborough, on the evening of the 15th day of May, 1867, at 8 o'clock, P. M.

The meeting was called to order by the President, Dr. Will. Geo. Thomas, of Wilmington.

The roll was then called, and the following gentlemen answered to their names:

OFFICERS:

Dr. WILL. GEO. THOMAS, President.
" S. S. Satchwell, Secretary.

MEMBERS:

Dr. R. B. Haywood,	Dr. R. H. Winborne,
" Henry W. Faison,	" N. J. Pittman,
" Hugh Kelley,	" Geo. A. Foote,
" C. T. Murphy,	" J. W. Jones,
" W. A. B. Norcom,	" J. R. Mercer.

On motion of Dr. Satchwell, the President was authorized to appoint committees upon each of the following subjects:

First, Committee on Credentials; *second*, Committee on the State of the Profession in North Carolina; *third*, Pecuniary Acknowledgments; *fourth*, Qualifications of New Members; *fifth*, on Finance.

The President made the following appointments:

On Credentials: Drs. Pittman, Norcom and Foote.

On the Condition of the Medical Profession: Drs. Haywood, Winborne and Satchwell.

On Pecuniary Acknowledgments: Drs. Satchwell, Pittman and Murphy.

On Qualifications of New Members: Drs. Pittman, Foote and Kelly.

On Finance: Drs. Kelly, Faison and Jones.

Dr. Pittman announced that the Board of Medical Examiners would meet on to-morrow morning, at nine o'clock, in order to afford an opportunity for such medical gentlemen as were present, who wished to go before the Board.

On motion, the Society adjourned to meet to-morrow morning at nine o'clock.

TARBOROUGH, N. C., May 16th, 1867.

The Society met according to adjournment, the President, Dr. W. G. Thomas, in the chair.

The proceedings of the last meeting were read and found correct.

The committee on credentials and qualifications of new members made, through their chairman, Dr. Pittman, the following report, which was received:

To the Medical Society of North Carolina:

The committee on credentials and new members find the following named to be candidates for membership, and, after examining their qualifications, recommend their election:

Drs. Joseph Cotten, J. H. Baker W. B. Ricks, T. G. Pugh, F. Hart, J. H. Hicks, W. G. Thompson, Thomas F. Wood, W. M. Brown, W. R. Wood, N. L. Stith, A. H. McNair, T. M. Savage, John G. Rives, H. R. Thorpe, J. W. Sherrod, T. E. Wilson, P. H. Mayo, A. D. Moore.

The new members came forward and complied with the regulations of the Society, signed the constitution and paid the initiation fee.

On motion of Dr. R. B. Haywood, the President was directed to appoint a committee on Publication.

The following named gentlemen compose said committee: Drs. Satchwell, T. F. Wood and E. A. Anderson.

On motion of Dr. Satchwell, the President, Dr. Thomas, was added to this committee.

The following named gentlemen were appointed a committee on Obituary Notices: Drs. Winborne, Hicks and O'Hagan.

Dr. J. W. Jones, by unanimous consent, was made Treasurer *pro tem.*, in place of Dr. C. W. Graham, deceased.

The committee on Finance, through Dr. Faison, asked for instruction relative to the character of the duties with which they were intrusted.

They were instructed by the Society to investigate amounts standing upon the books uncollected; the amount of debts due by the Society, and the annual assessment for the ensuing year.

The committees on the Topography and Diseases of their respective counties were called upon for their reports.

Dr. Satchwell excused himself for not reporting upon the diseases of New Hanover for the past year, and was continued upon the same duty.

Dr. Pittman made a short verbal report of the diseases of Edgecombe, but wished further time. He was also continued for the next year.

Dr. Winborne, of Chowan, made an elaborate and able report upon the diseases of his county, and was listened to with marked attention. The felicity of his style, and the accuracy of his observations were peculiarly striking.

On motion, the thanks of the Society were returned to Dr. Winborne, and his paper referred to the committee on Publication.

A spirited discussion then ensued upon acute pneumonia—its pathology and therapeutical appliances—between Drs. Norcom, Murphy, Satchwell and others.

For the want of time the discussion was deferred until a subsequent meeting.

Dr. O'Hagan, of Pitt, then read a paper on "Laceration of the Perineum and Vesico-Vaginal Fistula." This valuable production was replete with originality and instructiveness.

On motion of Dr. R. B. Haywood, the thanks of the Society were tendered Drs. O'Hagan and Brown for their valuable report, which was referred to the committee on Publication.

Dr. O'Hagan then made a verbal report of the removal of the *os calcis*, and exhibited the excised bone before the Society. The interest manifested by the Society in both of these papers indicated the value of them.

On motion, the Society adjourned, to meet at 3½ o'clock, P. M.

AFTERNOON SESSION.

The Society re-assembled according to adjournment, Dr. W. G. Thomas presiding.

A letter from Dr. M. Whitehead, the orator for this meeting, was received. He regretted his inability to be present at this meeting, but was unavoidably detained.

A committee on the Rules of Order was created, and composed of the following gentlemen: Drs. C. T. Murphy, Mercer and Baker. They presented the following report:

NEW RULES OF ORDER.

1st. The President, or in his absence, the Vice President, shall call the Society to order; or in case of the absence of both these officers, a presiding officer shall be chosen by a majority of the members present.

2d. The appointment of a committee to examine the credentials of delegates.

3d. The reports of the committee on credentials; also claims of those desiring to become permanent members.

4th. Calling Roll.

5th. Reading minutes of the preceding meeting.

6th. Any business requiring early consideration may, by permission, be introduced.

7th. Reports from County Societies.

8th. Correspondence shall be read by the Corresponding Secretary.

9th. Written communications upon medical subjects may be read and discussed.

10th. Oral communications may be read and discussed.

11th. Election of Officers.

12th. The selection of a place for the next annual meeting of the Society.

15th. Unfinished and miscellaneous business.

14th. Adjournment,

(Signed.) C. T. MURPHY,
JNO. R. MERCER,
J. H. BAKER.

The Secretary read a paper for Dr. E. Burke Haywood, who was necessarily absent, on miscellaneous surgical subjects, containing valuable experience culled from the ripe observation of Dr. E. Burke Haywood. The attention of the Society was absorbed in it; and after it was read, on motion of Dr. Winborne, the thanks of the Society were tendered Dr. Haywood for the paper, and it was referred to the committee on Publication.

Dr. Thos. F. Wood then read a paper on "*Non-Identity of Vaccinia and Variola,*" which was referred to the committee on Publication.

On motion of Dr. Satchwell, a committee was appointed to investigate the origin and aberrations of *Vaccinia.*

The President appointed the following gentlemen to compose said committee:

Dr. Thomas F. Wood, Wilmington,
" N. J. Pittman, Tarborough,
" Chas. J. O'Hagan, Greenville,
" Hugh Kelly, Statesville,
" E. Burke Haywood, Raleigh,

Dr. H. Joyner, Enfield,
" T. E. Wilson, Warrenton,
" Thos. C. Powell, Edgecombe county,
" A. D. Moore, Wilson,
" J. M. Johnston, Yanceyville,
" H. W. Faison, Duplin county.
" J. W. Sherrod, Martin county,
" M. Whitehead, Salisbury,
" J. G. Ramsay, Rowan county,
" T. H. Wingfield, Bertie county,
" John Shackelford, Trenton,
" C. T. Murphy, Sampson county.

[It is earnestly desired that the gentlemen on the committee on *Non-Identity of Vaccina and Variola* report from time to time to the Chairman the results of their observations, that they may be in the next annual report.]

The election of officers was next taken up with the following results :

FOR PRESIDENT :

Dr. S. S. SATCHWELL.

FOR VICE PRESIDENTS :

Drs. Hugh Kelly, George A. Foote, Charles O'Hagan, J. H. Baker.

On motion of Dr. Wood, the rules of order were suspended until the next day, at ten o'clock, (Friday morning.)

Dr. Foote then, in behalf of his colleague, Dr. Wilson and the citizens of Warrenton, extended an invitation to the Society to meet in Warrenton, at their next annual session.

Dr. Foote's invitation was unanimously accepted, and the thanks of the Society tendered him and those he represented.

Tarborough, N. C., May 17th, 1867.

The Society met at 11 o'clock, the President, Dr. Thomas, in the chair.

The election of officers was resumed, which resulted in the following choice :

Dr. J. W. Jones, Treasurer.
" Thos. F. Wood, Secretary.

Dr. Satchwell, chairman of the committee on Pecuniary Acknowledgments, submitted the following report:

To the Medical Society of the State of North Carolina :

The Committee on Pecuniary Acknowledgments beg leave to report, that there is no calling more useful and noble than that of the medical profession ; none that dispenses with so unstinted a hand the charities and humanities of life. In the various epidemics of yellow fever, cholera, small pox, and other virulent and malignant diseases, so fearfully contagious and destructive of human life, as well as upon the bloody fields of battle, such as have been so familiar to the South within the last few years, the physician enures himself to hardships, and risks his life with the same devotion and disregard of his own health and life as marks the brave soldier in his heroic consecration to his country's cause. The physical labors that he undergoes; the time and expense incurred in preparing himself; the anxieties incident to his vocation, and the cultivated intellect brought to bear in the practice of his arduous profession, are not surpassed by any other profession or class of men.

And yet, notwithstanding all this, and much more that might justly be said in his behalf, his services are the worst paid, and himself the least appreciated of any other professional or business men in the community. To what are we to attribute these things, and what is the remedy for the evil ?

The committee has no hesitation in saying, that the blame rests mainly with the medical men themselves. The daily acts of self-sacrifice and self-denial in which their lives are passed have carried these virtues, in themselves so noble, to an extent which has become almost criminal, in the neglect and impoverishment which their constant exercise entails upon their families. Medical men in harness for half a century and upwards, undergoing an unparalleled amount of mental and physical labor, die and leave their families poor and dependent, not from improvidence, as is sometimes so ungenerously charged, but from mistaken leniency and unwise indulgence towards those so prone to forget the professional services received, and so apt to neglect to discharge the pecuniary obligations that are justly due. The credit system, so pernicious in the past, and now so universally abandoned by all the professional and business men, except our own, still exerts its ruinous effects upon us; not alone in the production of present and prospective poverty to our families, but in driving many of our best and most useful members to other and more profitable pursuits. If continued, it threatens still greater disasters to the profession and community. To

avert such ruinous consequences, your committee advises the Society to recommend to the profession throughout the State to adopt such measures as will effect a speedy and radical change in the systems heretofore pursued. The custom of protracted credits should be abolished, and the plan of uniform charges in each locality adopted, if the profession be true to itself. An uniform system of charging for the whole State, however desirable, is obviously impracticable; but uniformity of charging, modified by the claims of humanity and charity, is most desirable and necessary for each locality, is practicable, reasonable and just.—This uniformity, combined with a practical application of the principle that a settlement is to be made when the case terminates, will furnish a remedy for the evils complained of. To accomplish this end let the profession in each town, county, or neighborhood meet and adopt uniform rates, not to be departed from, except in obedience to the claims of humanity and charity.

The proposed plan of uniformity of charges has reference to *overcharging* as well as *undercharging*. So that the principle which is protection to the profession is also protection to the public in preventing *exorbitant* or *extortionate* charges, and hence the *non*-professional, as well as the professional public, are liable to the benefits which may accrue from the adoption of so even and conservative a regulation.

Therefore, we recommend the adoption of the following resolutions:

Resolved, 1*st*. That the system of indiscriminate credits for professional services is hereby abandoned.

Resolved, 2*d*. That we earnestly recommend to the profession in the various localities of the State to abandon the credit system, and to adopt uniform rates of charging, just and suitable to the varying circumstances of each locality.

Resolved, 3*d*. That the profession in the various portions of the State, adopting these rules, are recommended to refuse consultation and other professional courtesies to those in their respective localities who violate or refuse to comply with them.

Respectfully submitted,

(Signed) S. S. SATCHWELL, C. T. MURPHY, N. J. PITTMAN, } Committee.

Dr. O'Hagan moved the report of the committee be received. Pending its passage Dr. Reeves arose and opposed the report, on the ground that it would be regarded by communities as a combination of the physicians against their patients, to exact higher fees.

Dr. O'Hagan supported the report in a most creditable and spirited manner, eulogizing the devotion of the medical profession to the cause of the suffering. Drs. Satchwell, Mur-

phy, O'Hagan, Reeves and R. B. Haywood participated in the discussion. The report was finally received.

The committee on Finance, through their chairman, Dr. Kelly, made the following report:

Upon careful examination of the Treasurer's books, we find in the hands of Colonel Kenan, administrator of Dr. C. W. Graham, our late Treasurer,.....	$114 20
Cash collected at present meeting,.....	127 00
Initiation fees at " "	95 00
	$336 20
Amount outstanding on the Books of the Treasurer,.....	$1,611 00

We respectfully recommend that, after paying actual expenses, Dr. Chas. E. Johnston receive the balance on hand.

Your committee recommends that an assessment of three dollars be made upon each member. (Signed.)

H. KELLY, Chairman,
H. W. FAISON,
J. W. JONES.

After some discussion the foregoing report was accepted.

The following physicians were appointed to report upon the topography and diseases of their respective counties at the next annual meeting:

Dr. Hugh Kelly, Iredell,
" J. H. Hicks, Duplin,
" N. J. Pittman, Edgecombe, continued,
" W. R. Capehart, Chowan,
" Wm. M. Brown, Pitt,
" S. S. Satchwell, New Hanover, continued,
" C. F. Dowd, Wake,
" H. Joyner, Halifax,
" C. T. Murphy, Sampson,
" Thos. C. Pugh, Martin,
" N. L. Stith, Wilson,
" Thos. E. Wilson, Warren.

The committee on Credentials, through Dr. Pittman, chairman, recommends Dr. G. L. Kirby to permanent membership.

On motion of Dr. J. W. Jones, it was

Resolved, That in addition to the present plan of selecting gentlemen to report upon diseases of their counties, that three additional gentlemen be appointed to report upon the epidemics and prevailing diseases of the State, and report annually to the Society in writing.

The President appointed the following committee: Drs. J. W. Jones, C. F. Dowd and Chas. J. O'Hagan.

The following resolution was reported by Dr. O'Hagan, and unanimously adopted:

Whereas, Certain members of the North Carolina Medical Society have failed to pay the annual assessments levied upon them, and although notified of their indebtedness, have paid no attention to the notice of the Treasurer. Therefore,

Resolved, That the conduct of such members is considered as contempt for the Society, and if, on further notification of their indebtedness, they fail to discharge the same, or to render some valid excuse for their failure to do so, it shall be the duty of the Treasurer to report them as delinquents, and they shall be published as such in the proceedings of the next annual meeting, and their names stricken from the roll of membership.

Dr. Winborne, chairman of the committee on Obituaries, submitted a report which will be found in the appendix.

The resignation of the following gentlemen was accepted: Drs. Wyatt M. Brown, J. A. Bizzell and J. D. Pearsall.

The following queries were proposed by Dr. Norcom, for discussion at the next annual meeting, and accepted:

The Pathology of Acute Pneumonia:—*The best treatment of same—The value of general blood-letting in the disease.—Can acute pneumonia be cut short? If it cannot, why? If so, how? The modus operandi of the agent or agents reputed to effect such a result.*

On motion of Dr. Wood, it was

Resolved, That the thanks of this Society be tendered to the citizens of Tarborough for their unbounded hospitality, and that the Secretary be directed to express the feeling of the meeting.

Dr. Thomas, President, then arose to resign his position, and entertained the meeting with an attractive *resume* of the

progress of the profession, mentioning the many new appliances for diagnosis and treatment. His address was received with applause.

On motion, the thanks of the Society were tendered him, and the address was referred to the committee on Publication.

Dr. Satchwell was then conducted to his seat by Drs. Norcom and Pittman. He thanked the Society for the unsolicited honor, and pledged himself, in a few remarks, that his past conduct should be an indication of his future course as President.

On motion of Dr. Baker, the Society adjourned, to meet in Warrenton, on the ——— Wednesday in May; the time to be announced by the President.

WILL: GEO: THOMAS,
President.

S. S. SATCHWELL,
Secretary.

[APPENDIX]

[A.]

NON-IDENTITY OF VACCINIA AND VARIOLA.

The benefit which EDWARD JENNER conferred upon the human family by the discovery of vaccination is the most important which has been achieved by any member of the medical profession. There has never been a theory accepted in medicine with more unbounded confidence, nor one that has had more universal application, than the one promulgated by him; and we lament while we wonder that any doubt should be thrown upon this most plausible theory of Dr. Jenner, which has stood the test for the greater part of the current century. There can be no doubt of the prophylactic power of genuine vaccination, but there are so many aberrations and uncertainties as regards the practical details of its propagation, that we are sure we can demonstrate that its power has been steadily decreasing since the early part of this century.

In proof of this fact, I will call your attention to a quotation from the report of Vaccination* in the Prussian army, which shows "that in 1836 the number of persons who were seized with small-pox after vaccination, is more than double the number who were thus susceptible in 1813." These accounts have passed the inspection of the medical department of the Prussian Army and have not been doubted since their publication; and perhaps almost any member of the profession can recall sufficient evidence, furnished by his own experience, to substantiate the steady deterioration of vaccination. I can confidently assert, from my own experience, that out of seven hundred persons vaccinated by me during the epidemic of 1865-'66, that not more than one fourth of these were successfully protected by the operation, although the virus employed was selected with great care, and had all the marks of genuineness.

But this deterioration is not merely confined to our times, for during the year 1800, two years after its discovery, the journals were filled with accounts of spurious vaccinations, the details of which can be found in "Ring's Work on Vaccinia."

This subject, in 1865, engaged the attention ofthe French Academy of Medicine, and experiments were instituted, in order to examine this

* Report of the History of Vaccination by Jno. Simon, F. R. S. Watson's Prac., p. 1160.

question *de novo*. Their first attempt, of course, was to establish that vaccination could be induced in the cow by inoculation with small-pox virus. Now this means has always been considered as one to which we might have recourse in any emergency, and from it we were led to expect success. The French Academy of Medicine, however, reported adversely upon it.

The chairman of the Commission referred to, M. Chuveau, sums up their results in these terms:*

"1. Human variola is inoculated on the cow and in the horse with "as much certainty as vaccinia.

"2. The effects produced by the inoculation of the two diseases are "entirely unlike.

"In the cow, variola produces merely an eruption of papules, so small "that they would escape observation, if attention had not been called "to their existence. Vaccination, on the contrary, produces a vaccine "eruption, the typical form of which is a large and well characterized "pustule. In the horse there is also a papular eruption, without secre- "tion or crusts, produced by variola; but, although this may be much "more severe than that of the cow, it could never be confounded with "horse-pock, so remarkable for the abundance of the secretion, and the "thickness of the crusts.

"3. Vaccinia inoculated upon the bovine and equine species, protects "them generally from variola.

"4. Variola inoculated upon the same animals generally prevents a "subsequent development of vaccinia.

"5. Cultivated methodically upon the same animal, that is to say, "transmitted from cow to cow, or from horse to horse, variola does not "approach in character to the vaccine eruption."

It seems to me, that at this very point of the transmission of variola from the human subject to the cow, the widest departure occurs from the admitted idea of the whole subject.

I cannot disguise my lack of faith in the possibility of such an inoculation. The experiments of one man, or one set of men can hardly be sufficient to subvert a principle so long and favourably known; but proofs sufficient to place the affirmative of this question in a most perilous position can be adduced abundantly.

The first reliable attempt to demonstrate the theory assumed by Dr. Jenner, that vaccinia was small-pox modified by its transmission through the cow, was made by Dr. Pearson, a cotemporary of Dr. Jenner. He utterly failed to substantiate the theory, and was forced to the conclusion, that vaccinia was a disease *sui generis*. Dr. Pearson, nevertheless, was a warm advocate of vaccination, and practised it more extensively, than any man of his times, with the exception perhaps, of Dr. Jenner. He was not alone however, in favouring his opinion of the non-identity of variola and vaccinia, but was endorsed by Sir Isaac Pennington, Dr. Parr, Dr. Woodville and Mr. Simmons. None of these men, as far as can be ascertained, had any doubts of the prophylactic power of vaccination.†

Another reliable account going to prove the validity of the above

* See "Archives Generale de Medecine" for 1865, Aug.
† "Encyc Brittan," Art. Vaccination.

facts, I quote from Reese's Cyclopedia. The contribution is perhaps from the pen of Dr. Pearson.

"Mr. Dalton, a surgeon at Madras, after observing he had not been "able to procure genuine vaccine in India, in order to make experiments "or even to learn that horses in India are subject to the grease, he "gives the result of repeated experiments made in the government "gardens at Madras, by order of Earl Powis, the Governor, and in his "presence.

"To render these experiments as complete and satisfactory as possible, "several milch cows were selected, and some of them were inoculated "by Mr. Dalton, in their teats and udders, with the most active vari- "olus matter, while the teats and udders of several others were rubbed "with it till they became highly inflamed. No pustule was excited in "any of them; but ulceration appeared on those teats into which matter "had been rubbed, the third day after the friction. Several young chil- "dren were inoculated with the matter thus produced, and their arms "inflamed and festered. They also had a slight degree of fever, which "gave Mr. Dalton hopes that his experiments had succeeded, and that "he had generated a mild species of small-pox; but on putting them to "the test of variolus inoculation, they all had the small-pox in the most "indubitable manner, and went through the disease regularly. Mr. "Dalton concludes with remarking that all these circumstances will bear "the strictest scrutiny, as they were known to several medical practition- "ers at Madras."

I quote the experience of Dr. George Gregory,* of the London Small-Pox and Vaccination Hospital, with a great degree of confidence, in support of the non-identity of vaccinia and variola. I think the evidence of Dr. Gregory more than outweighs that of Mr. Ceely,† and that the evidence of the latter gentleman admits of many serious doubts. This writer contends that, "as vaccinia is non-contagious, and febrile "disturbance is not essential to its perfect development, the vaccine "is probably a poison *sui generis*, and its relation to variola still hypo- "thetical; that the real and intimate nature of the protection it affords "is still unknown to us; and that a thorough knowledge of its anti- "variolous power must be derived, not from analogy but from an ex- "tended and careful observation of facts, continued through a long "series of years."

He says also, that vaccinia may be produced in *four different ways:*

"1st. It is generated spontaneously in the cow, in certain circum- "stances of soil, season and locality, and are often met with in cows "soon after parturition, in the spring season, and when feeding upon "young grass; but they arise also from other and less known causes "and the disorder spreads like other epizootic diseases. It was this form "of the disease that JENNER *chiefly studied.*

"2d. The same malady is spread by contagion from cow to cow by "the hands of the milker.

"3d. The same disease is communicated by the application of *grease* "to the the teats of the cow.

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* Gregory on "Eruptive Fever," p. 267, Am. Ed., Copland's Dict., Vol. III, p. 1421 Med. Chirurg Trans, Vol. IV, N. S.

† Trans. Prov. Med. & Surg. Ass'n, Vol. V III.

"4th. It may also be induced by inoculating the udder of the cow "with" [vaccine] "lymph from the human subject."

Dr. Gregory says not one word in favour of the production of vaccinia by variolous inoculation.

Dr. Gregory instituted some experiments at his Small-Pox Hospital in 1828, which were conducted by Coleman, Sacco, Dr. Naylor and others, in order to demonstrate practically an assertion made by Gassner in 1807, that he had been successful in inducing vaccinia by inoculation, but Gregory was entirely unsuccessful.—[*Gregory on Eruptive Fevers.*]

Dr. Otis F. Manson, late of our State, a gentleman eminently able in his profession, writes me that he performed repeated experiments to endeavour to produce vaccinia in cattle by variolous inoculation, but entirely failed, and was forced to resort to inoculation, to arrest the disease then prevailing in Granville County.

Dr. James Bolton, of Richmond, perhaps the most extensive experimenter in the South, and who has just issued a work on "Spurious Vaccination in the Confederate Armies," writes me as follows:

"I made experiments upon seven animals during the war. Five of "them were young cows, or heifers, which were furnished me by the "Commissary department by order of the Surgeon General. They "were kept at Howard's Grove, in the immediate vicinity of the "small-pox Hospital. From the latter place I procured variolous virus "in the form of lymph and crust. This I inserted into the udder by "making light incisions and rubbing it into them while in the liquid "state, by dipping threads into the lymph and passing them by means "of a needle under the integument; and finally by making punctures "with a lancet and introducing pieces of crust; but all these attempts "utterly failed. In two instances pustules were produced, followed by "thin yellow crusts, which were evidently spurious results."

In a letter of later date than the above, Doctor Bolton speaks more decidedly and says:

"I have my doubts that genuine vaccine virus is obtained by inocu- "lating cows with small-pox virus."

He also adds that he

"Doubts that the small-pox virus can be inserted at any part of the "udder from which it cannot be licked off. The tongue of the cow "can be protruded so far, and can be drawn into such anomalous "curves with such prehensile power, that I think any part of the udder "can be reached."

I do not agree with the gentleman fully in the latter opinion, for it is plainly evident that this difficulty was obviated by the introduction of saturated threads under the integument.

Dr. W. J. Love, of Wilmington, a most patient, diligent and accurate observer, had occasion to attempt the same experiment, and failed. He introduced the small-pox virus into the teats and udder by means of a saturated thread. He also made incisions a little deeper than in the human subject, and introduced the lymph in this way. Finally he smeared collard leaves with the lymph, and fed the cow upon them.—All of these attempts were unfruitful. He saw no other phenomena,

except such as would result from the insertion of any foreign matter.

Dr. J. F. King relates unsuccessful attempts, which are equal for minuteness of detail to those of the other gentlemen quoted. But I will not attempt to reproduce such important testimony from memory.

I had occasion during the epidemic which prevailed in Wilmington in 1865-'66, to attempt the transmission of variola to the cow, to obtain vaccine, which was then very scarce. I took fresh lymph, and by puncture with a sharp lancet inserted it into the udder and teats in various places, as well as in the vulva. In addition to this I inserted a fresh crust under the skin of the udder, and secured it there by means of sutures, and the whole bag was enveloped with a cloth smeared with fresh lymph, and retained in its place by sutures which had been saturated with the same. On the third and seventh days I had the animal thrown and secured, but could find no other evidence of any morbid disturbance than just at the points of incision, and it is my firm belief that any incision would have caused the same yellowish exudation.*

A medical gentleman who claimed to be acquainted with the inoculation of cattle, visited my hospital where the cow was confined, and pronounced the yellowish exudation above mentioned to be the genuine vaccine. I was told that he communicated small-pox to the person whom he inoculated with it.

Now if this matter, observed by me and by others, was the genuine vaccine, the best authority in the land is at fault. For it is described very minutely by many observers.†

"It appears on the teats of the cow in the form of irregular pustules, "surrounded with inflammation. The colour of this pustule is a palish "blue, approaching to livid. The animals become indisposed, and the "secretion of milk is much lessened. Solutions of acetate of lead and "sulphate of zinc and other astringents are a speedy remedy for the "pustules; otherwise they degenerate into troublesome and obstinate "ulcers."

From "Wood's Practice" I take the following description:

"The animal seems to suffer at first under what may be considered "the Eruptive Fever. Upon the third or fourth day, several small "pocks appear upon the teats, and sometimes upon the eyelids and "nostrils, which gradually enlarge and assume the silvery appearance "and umbilical form, characteristic of the vaccine vesicle, and arriving "at their height, begin to dry on the eleventh or twelfth day of the "eruption. * * * The disease is not common in the cow, prevailing "only in certain districts, and not always in these."

From "Aitken's Practice" I take the following:

"In the true cow-pox there is very slight manifestation of constitu- "tional disturbance. The secretion of milk may diminish; but the

*I neglected to mention, in the above account, that I fed the cow upon the straw emptied from the Hospital bed-sacks. There was also a number of cows that grazed habitually about my hospital, and they fed abundantly upon this straw. I made my hospital steward seize one of them, and had her enveloped in a blanket which was saturated with small-pox. I say saturated, I only mean such a saturation as would be occasioned by its use during a case of confluent small-pox. These animals were all examined frequently, but there were no eruptions on their teats, nose, eyelids or any other parts of the body.

†Gregory on Eruptive Fevers, Plates 1, 2 & 3, and p. 263, Reese's Encyc., Art. "Cow-Pox."

"animal continues to feed and graze very much as usual. The local "affection may be so mild that a single vesicle only may appear "upon the udder of the cow; but where the udder is voluminous, flabby "pendulous and uncovered with hair, with a corrugated, thin, and fis- "sured skin, then there is apt to be a copious eruption. * * * *

"The local symptoms of the natural disease are evinced by heat and "tenderness of the teats and udder for three or four days, followed by "irregularity and pimply hardness of the surface, especially about the "bases of the teats and the adjoining parts of the udder. The pimples "assume a red hue when about the size of a vetch or pea, and are quite "hard. In three or four days more they increase to the size of a horse- "bean, milking becomes painful to the animal, and the pimples become "vesicles, which are then apt to be broken by the hands of the milker, "giving rise to troublesome and dangerous sores on the udder and "teats of the cow, and communicating the disease to the milker, if he "is not already protected by having had the disease before. If the "vesicle remains unbroken it becomes a globular, oval, and ultimately a "pointed (accuminated) pustule. A central depression with a marginal "induration is the form ultimately assumed; and when punctured to- "wards the centre the vesicles yield a more or less viscid amber-col- "oured fluid. Dark-brown or black, solid, uniform crusts eventually "form on the site of the vesicles. Some of these crusts may be seen "semi-detached, others entirely so, and exposing a raw surface with a "slight central slough. The forms of the crusts are either circular or "oval; some flatten and others unguiform, some thin and more or less "translucent. These varied appearances are seen in all stages at the "same time, indicating the formation of new crops of vesicles at dif- "ferent periods. * * * When the vesicles are fully matured, they may "measure from eight to ten lines in the largest diameter, the centre "and edges of the intumescent margin being of a deep-blue or slate "colour, and the surrounding areola of a pale rose colour, and seldom "more than four or five lines in depth, the integuments under it being "deeply indurated. * * * A cicatrix is left which is of a pale rose or "whitish colour, shallow, smooth, oval or circular. Successive crops "continue to form, desiccate and fall off for three or four weeks."*

I see no reason to doubt these descriptions, and assuming them to be true, the gentlemen above quoted were entirely right in arriving at the general conclusion, that they had never seen vaccinia result from the inoculation of small-pox.

There are those who, according to their accounts, have been successful in communicating this disease to the cow, and among them may be mentioned CEELY, an account of whose experiments may be found in the report of the "British Provincial Medical and Surgical Journal," Vols. VIII. and IX.

Dr. Bazil Theile was also thus fortunate, and reported his success to the "Med. Times and Gazette," London, 1854. Dr. G. B. Wood also mentions a similar case in this country, by Dr. J. C. Martyn, Attleborough, Massachusetts.†

*Aitken's Sci. and Prac. of Med., Vol. 1, p. 267-'8.

†*Very recently (1860) Martyn inoculated some variolous matter, taken from a pock upon the body of a man who died of variola, into a cow's udder, and subsequently vaccinated about fifty persons with the matter derived from the cow. Most of those so inoculated were attacked with variola, and three died.* (AITKEN.) This gentleman claimed to have been successful previously.

But it seems to me most wonderful that Jenner gives us no account of his attempts to produce the disease artificially. He was a close observer, a faithful recorder and an honest man, and the inference seems to me perfectly legitimate, that he had never, by actual experiment, demonstrated his theory of the origin of vaccinia.*

The questions naturally arise, where have been all these errors?—How can it be possible that such an important fact has been so long unknown to us? I answer in the first place, that the careful collection of reliable matter from the human subject, for the first half of the century, rendered the recourse to the cow unnecessary. It has been in the last few years, and it is this demonstration which has caused the subject to be more thoroughly known.

It is my duty, however, to state, that there is a chance to believe that the experiments above enumerated were not performed according to the established rule in such cases. I am indebted for a knowledge of this procedure, to the kindness of Prof. Alfred Stille, of Philadelphia, who furnished me with the following translation, from a paper by Theile:

"1. To select for the operation a cow, that has recently calved, from "four to six years old, and with white teats, so as to exhibit the pustules "plainly.

"2d. Not to operate in the winter; to keep the animal in a warm "stable; to feed and milk it as usual.

"3d. To inoculate the posterior surface of the teat to prevent the ani- "mal from licking the wound; to make the punctures somewhat deeper "than in man; to shave the hairs and surround the part with a band- "age.

"4th. To employ only the pellucid lymph of the small-pox vesicle, "and as soon as possible, after its removal from the patient.

"5th. From three to six punctures will furnish from one to three "pustules."

He adds:

"Others inoculate the virus into the dewlap previously shaven smooth- "ly. In this situation the virus cannot be removed by licking."

In comparing these instructions with my manner of procedure, the difference is not material. The cow had a young calf; she had a white bag; she was inoculated in the fall; she was kept in a warm stable, and fed upon the straw emptied from the bed-sacks of the small-pox hospital; *she was not milked* until after the inflammation subsided; it was impossible for her to lick the wounds on account of the cloth which enveloped her bag; the matter used was pellucid, and inserted in less than five minutes after its removal from the patient.

I would not desire any one to form an opinion upon the evidence adduced by only one observer, but when, in so many instances, honest and skilful observers produce concurrent testimony, it is fair at least that we should begin to examine this subject whenever the opportunity offers.

Another point which I wish to make in favour of the non-identity of

*See Baron's Life of Jenner, where we are told that Jenner's investigations were several times interrupted on account of the disappearance of the disease among the cattle in Gloucestershire.

variola and vaccinia is, that that disease (viccinia) appears spontaneously in our own country.

Dr. James F. McRee, Sr., whose whole life has been one of a close student and an accurate observer, and whose eminence in his profession has scarcely been equalled by any gentleman from the Cape Fear, has related to me some observations upon this subject, which I sum up in a few words. As he was about to retire from the practice in 1833, he called the attention of his successor, Dr. Poisson, to the fact that there was a case of vaccinia occurring spontaneously in a cow. The person who had milked the cow contracted a genuine pustule upon her fore-finger, which went through all the various phenomena. He also asserts that there was no case of small-pox in the town at the time, and that he had not heard of a case for some time previously.*

We know also that the vaccinia which occurred in Gloucestershire was also spontaneous, and that there is no authentic account of the artificial production of this disease in any work then extant.

There is no doubt that the inference deducible from the fact of the similarity of the two diseases has considerable force; but I fail to appreciate the power of an argument which would attempt to invalidate the virtue of vaccination because the diseases are not identical.† And still this method of reasoning has found its way into at least one book upon the subject. It seems to me quite as possible that two things entirely dissimilar may counteract each other, and this may be asserted as the general rule of the action of antidotes.‡

Since I have commenced the investigation of this subject, I have received reliable information from several gentlemen of undoubted veracity and close observation, who assert most positively that they have seen this disease upon the teats of cattle, when there was no small-pox in the neighbourhood. Unfortunately these gentlemen are not in the profession, and I will not introduce their testimony.

It is certainly within the range of possibility, and I think it highly probable, that many observers who claim to have succeeded in inoculating cattle, have mistaken the "eruption of papules" for "pustules." [*Gregory on Fevers.*] In the experiments conducted by me, I am sure the physician made a worse mistake than this, as the final result demonstrated.

A critic has justly observed: "were the cow-pox thus communicated "to cows," (referring to variolous inoculation,) "it would be as common "in Chestershire as in Gloucestershire; as common in Scotland or "France as in England, and as common in Asia or America as in "Europe."

There is some evidence also of the communicability of small-pox to

* Cow-pox occurs spontaneously, though not frequently, especially where cattle are herded together. The spring is the season which favours these attacks, although occasionally this disease prevails at other seasons. There is a false vaccinia which must not be mistaken for the genuine; its distinguishing feature being its purely local character, no fever ever being present. Copland's Dict. Med., Vol. III., p. 1417, Am. Ed.

† Encyc. Brittan., Art. Vaccination.

‡ Dr. Alexander Knox remarks that identity supplies a powerful argument in favour of vaccination; so much so that a conviction of the non-identity of the two diseases would go far to shake, *in toto*, our belief in the real efficacy of vaccination.—*London Journal Medicine, Nov.*, 1850.

the lower order of animals. I adduce this testimony to demonstrate that the transmission of the disease to the brute creation bears no semblance to the typical form of vaccinia.

I give below a description kindly furnished me by Dr. Love:

"At your request I will relate from memory, as nearly as possible, "the particulars regarding a supposed case of variola in the dog, which "occurred at the small-pox hospital, while I was Surgeon there:

"Some time in 1863, during one of my visits, the steward told "me his dog had died of small-pox. At my expression of surprise he "appealed to several nurses who corroborated his statement. I had "the dog exhumed, and discovered several ringed aphthæ, similar to "those observed in the first and second stages of small-pox, in the "mouth and throat, which latter exhibited at the same time diffuse in- "flammation. No cutaneous eruption was apparent. The dog was some "eight or ten weeks old, and had been at the hospital some three weeks "before falling sick. For three or four days previous to death it ap- "peared listless and refused to eat. I do not know whether it died in "convulsions. The attendants saw, or imagined they saw, an eruption "on the skin, but if any existed it disappeared at death, or earlier.

"The data, in my opinion, are insufficient to enable me to diagnose "the disease as certainly variolous, though several circumstances men- "tioned afford pretty strong presumption of such being the fact."

Dr. S. D. Thruston, of Smithville, at my request, searched for the authenticity of a report which declared that a sow had contracted variola from rooting in a pile of rubbish thrown from a house in which there had been small-pox; but he could trace it only to hearsay, to which credence was given by an estimable physician, Dr. Curtis. The tale is currently believed by many citizens of that town.

It is very evident that one or the other side of the question must be true. If it be true that we have a certain resource of vaccine in the variolous inoculation, it is high time, after the lapse of sixty-nine years, that some certain method should be devised and announced by the profession to the world, and enforced by legislative enactment. If on the other hand, as I suspect, that it is a disease *sui generis*,* then it should be the business of some society or corporation, or individual, to define clearly its appearance, and to be on the alert to secure the precious material. It seems to me plainly within the scope of this society, as the guardian of the health of our State, to bestir itself to the importance of this matter.

Who among us that has not experienced difficulty in obtaining this only great prophylactic in such a pure condition, that he would inoculate it without fear of the results? Who does not feel a degree of embarrassment and anxiety, when the loathsome invader comes into his neighborhood, and he is not able to shield his patients with the "panoply of vaccination."

It is behind the spirit of a progressive science or art to admit, without question, dogmas that are not substantiated by abundant experience.

*Since writing the above, I find that Dr. Gregory, "demurs," (to use his own language,) "to the theory of identity, and holds that small-pox and cow-pox are antagonistic affec- "tions," and this, too, after giving the high authority of Ceely, Thelle, Baron and J. C. Martyn, in opposition.—*Gregory on Fevers, Am. Ed., p. 271.

We have been relying upon principles founded in the Jennerian age for the reproduction of vaccinia, until the whole subject has become the most perplexing one of modern times.

The unreliability of vaccine, in some instances, has become so commonly known, that it requires some degree of persuasion to induce a patient to submit to the simple operation.

The medical profession is responsible for all these troublesome aberrations in the quality of vaccine, and the man who discovers the cause of them will attain a position only second to that attained by the immortal JENNER.

Unless some prompt means are taken to wrest this important subject from the cloud of mist which surrounds it, and demonstrate some plan, not only to prevent impurities, but the natural source of vaccine, the close of this century will witness the lamentable occurrence of this most powerful auxiliary of medicine paralyzed and impotent.

Of late years the attention of the profession has been called to impure vaccinations, and the subject is now undergoing simultaneous examination in this country and Great Britain. I think it is satisfactorily proven, that the various forms of *syphilo dermata* have been, and are now, communicated in this way.

Dr. Jas. Bolton, of Richmond, has just issued a Monograph on "Spurious Vaccinations," which is, as far as I know, the pioneer work on the subject in this country. His paper gives the gleanings from the rich harvest of the late Confederate armies, and is well worth the careful investigation and serious consideration of the profession.

Mr. Henry Lee, of Loudon, Surgeon to St. George's Hospital, is also a valuable contributor to this interesting branch of scientific literature.

The result of the experience of the latter gentleman, in the face of the denial of the transmissibility of secondary syphilis by the majority of the profession, seems to have demonstrated in a most unequivocal manner, that vaccination has been the cause of the transmission of syphilis, pyemia and many obstinate cutaneous affections.

Mr. Henry Lee's work on syphilis contains an account of the famous vaccino-syphilitic inoculation of forty-six children in Rivalta, by Surgeon Cagiola, being the account of Prof. Pacchiotti. The evidence adduced is exceedingly plausible and satisfactory, but its weak points, to which my attention was directed by Dr. Bolton, are certainly numerous, and, if assailed, will need new evidence in support of them.

In addition to the testimony furnished by Prof. Pacchiotti, there comes to us another account of a similar unfortunate occurrence in the French department of Morbihan. The Academy of Medicine sent a commission to investigate the affair, composed of M. Roger and Depaul, and rendered a report to that body, the purport of which was, that more than thirty children were found suffering with secondary syphilis, which was engendered by vaccine inoculation.

Dr. Viennois, in several papers contributed to the *Archives Generales de Medecine*, for 1860, has arrived at the conclusion that syphilis is never propagated through the medium of vaccine lymph from a syphilitic pa-

tient, unless by the carelessness of the operator, blood is drawn, or an unclean lancet is used. This view of the question has been credited by Dr. S. D. Gross, of Philadelphia, Dr. James Bolton, of Richmond, Dr. Joseph Jones, of Nashville, and by several eminent English surgeons. I am confident I have seen several cases of secondary syphilis following vaccination, but I am not prepared to say, from my own observation, whether this was merely a latent affection developed by the inoculation of vaccinia; whether the lymph contained the poison, or whether it was caused by blood drawn in the operation. The experience of those eminent gentlemen whose evidence I have aduced, is sufficient to warn us against careless vaccinations, and indiscriminate collection of virus for our use; for whatever may be the theory of the transmissibility of syphilis by the process of vaccination, we are sure such transmission does occur, and every means which accumulated experience can devise should be brought into requisition to avert such a disaster. Our preconceived theories of the inoculability of secondary syphilis should receive proper modification from such evidence as that brought forward by M. Trousseau,* and corroborated by M. Ricord.

We should not err, however, on the other side, by allowing vaccination to go into disuse, for such an error would be criminal; on the contrary, these warnings should teach us that carelessness and neglect have brought vaccination into discredit, while patient care and close observation will enable us to restore this valuable auxiliary of medicine to its proper place in the confidence of the profession and the people.

The following plan suggests itself to me as one which will do very much towards correcting many of the aberrations which are observed from year to year in the character of vaccine:

1*st. Vaccination should never be performed by any but a regular physician.*

2*d. When possible, the lymph from the eighth-day vesicle should be taken, i. e., vaccination from arm to arm. Jenner's golden rule was, "never take the virus from a vaccine pustule after the efflorescence is formed around it."*

3*d. A vesicle which presents any abnormal development, whether it be upon a healthy child or not, should be rejected.*

4*th. In all cases a clean lancet should be used, and any patient who has any scrofulous, tuberculous or syphilitic taint should in no case be selected as a proper person to propagate the disease from.*

5*th. When crusts are used, particles should be inserted under the skin in the dry state, and never dissolved in water.*

6*th. Glass capillary tubes, one-thirty-second of an inch in diameter, should be employed to preserve the lymph in.*

7*th. Whenever vaccinia occurs spontaneously, recourse should be had to the cow for the genuine virus, always bearing in mind that virus obtained from this source creates more local and constitutional disturbance than after its transmission through several persons.*

8*th. When vaccine virus becomes inert retro-vaccination should be*

* "Syphilis," by Henry Lea, p. 124.

employed; that is, vaccine virus should be inoculated into the cow from the human subject, observing all the precautions as heretofore stated in the case of the inoculation with variolous lymph.

9*th. The existence of a skin disease frequently modifies the character of the vesicle; in that event re-vaccination should be performed as often as the virus can be inoculated.*

10*th. It is highly probable there is an advantage in producing more than one vesicle.*

11*th. Virus should never be taken from a vesicle which is the result of re-vaccination, as such vesicles are usually imperfect.*

I trust it will not be considered that I have given this subject an exaggerated importance. I was driven to the investigation of it by force of circumstances. Being placed in charge of a large small-pox hospital, and of the public vaccination, I was obliged to seek some other source of vaccine than the uncertain supplies from the large Northern cities, in order that I might secure the community against the further ravages of a loathsome epidemic. By using these various specimens, I had spread spurious vaccination broadcast. My first impulse was to follow that doctrine which has been taught for nearly seventy years, and go to the fountain-head, that is, procure virus from the cow. I have already related how I was disappointed. Finally, late in the epidemic, when scores had lost their lives, I procured some genuine virus accidentally. Certainly the source of vaccine, in this instance, was a practical one to me, involving as it did, the lives of hundreds in the community. In just such circumstances, I contend, this question becomes a practical one. I have endeavoured to lay before you only practical observations, claiming nothing new or original in theory or practice, but with the humble hope that it might awaken renewed interest, and elicit valuable information from the members of the profession in this State.

THOMAS F. WOOD.

[APPENDIX.]

[B.]

MISCELLANEOUS SURGICAL CASES.

BY E. BURKE HAYWOOD, M. D.

I would respectfully call the attention of members of the Society to the following cases, possessing to me unusual interest in a surgical point of view. I have condensed the reports as much as possible:

Mr. David Bethune came under my care, Sept. 14th, 1864, suffering from very severe injuries, caused by being caught between two cars in a rail-road collision. His injuries were compound comminuted fracture of middle and lower third of both bones of right leg. Comminuted fracture of right femur and compound fracture of left femur just above the condyles. Mr. Bethune was a stout, robust man, sanguine temperament, farmer by occupation. At the time of the accident, he suffered very severely from nervous shock. Sept. 13th, I amputated right leg by circular method, three inches below the knee joint and placed the right thigh in a comfortable position, by means of an arrangement of pillows and compresses similar to a fracture box, supporting the left thigh also with pillows. Sept. 22d, I applied Smith's anterior splint to left thigh, keeping the right thigh as before described, making no endeavour at extension and using simple water dressings to the stump. So far Mr. Bethune had done remarkably well. He expressed himself as greatly relieved by the application of Smith's anterior splint.—The fracture of left femur being so near the knee joint I was apprehensive that motion would be impaired. Nov. 1st. His general health has been very good and progress of wound very favourable. Dec. 1st. The stump has nearly healed, the fracture of right femur united with about two inches shortening of the limb and the fracture of left femur with but little impairment of motion in the knee-joint.

EXTRACTION OF GRAPE SHOT.

1st. Lieut. C. C. L., Co. I, 4th N. C. Cavalry, was wounded by grape shot June 23d, 1864. The ball entered inside of left thigh near the groin and lodged near the tuber ischii close to the great ischiatic nerve. It caused great pain and difficulty in sitting and walking, and would have resulted in extensive abscess of the limb, if it had been permitted to remain. Jan. 15th, 1865. I operated, making an incision to the outside of the tuber ischii and removing an iron grape shot weighing four ounces. Feb. 1st. He did remarkably well, soon being able to walk about without difficulty. This grape shot was firmly encysted.

HOSPITAL GANGRENE.

Priv. Sam. Benton, Co. B., 53d Regt., N. C. T., was admitted July 26th, 1863 with gun-shot wound of external portion of lower third of right thigh. Wound did very well until August 9th, when the weather becoming very hot, hospital gangrene attacked the wound.—He was immediately removed to a tent and the limb put on a charcoal pillow, sol. chlor. soda applied. Tinct. fer. chlorid., and quinia sulph., given internally. Not doing well, I, in addition to the above treatment, applied the pure nitric acid to the slough. He improved rapidly, the gangrene was arrested and healthy granulations filled up the wound.

CONICAL STUMPS.

"The rule of treatment for conical stumps with necrosed bone is to await patiently the separation; any instrumental interference is meddlesome surgery and always injurious."—*Chisolm's Surgery, 3d Edition, page* 426.

The following case illustrates the above maxim: Sergt. B. I. Davis, Co. G, Cobb's Legion of Georgia Troops, aged 25, was admitted Aug. 25th, with amputation of right thigh, which had been performed on the field, by circular method, at junction of middle and lower thirds, of compound comminuted fracture of femur made by Minnie ball. His general health prior to receipt of wound was not good; he went into battle from a sick bed. Owing to the subsequent inflammation of the stump and emaciation of the patient, there was great muscular retraction, forming a conical stump with protusion of the bone. Oct. 1st, condition of wound and general health bad. Mr. Davis is of a delicate organization and was attacked by hectic fever shortly after his admission. Influenced by the above causes, I determined not to perform a second operation, hoping that the protruded bone would become necrosed, and detached within the stump, and fearing that severe inflammation of the periosteum and medulla might supervene upon the removal of the bone by the saw, which I feared might prove fatal in his emaciated and weakened condition. The treatment was simple water dressings to the stump, tonic medicines and generous diet. Nov. 1st, general health and condition of wound have both much improved. Necrosis of bone going on satisfactorily. Nov. 24th, Mr. Davis left this day on furlough. The result in his case equalled my most sanguine expectations. His health greatly improved and the bone became necrosed and detached high up in the stump, leaving it in a good condition for the attachment of an artificial limb. I am of the opinion that if the usual course of sawing off the protruded bone had been followed in his case the result would not have been so favourable.

SECONDARY HEMORRHAGE.

"The established rule, therefore, is never to neglect the ligation of an artery after the second recurrence of hemorrhage."

The following cases illustrate the advantage of the compress and bandage in some cases of secondary hemorrhage, instead of ligating the artery.

Private J. J. McLaughlin, Co. H, 35th Regt. N. C. T., received a gun shot wound of the lateral posterior third of left leg, April 20th, 1864, and entered hospital May 1st, 1864. He had suffered from secondary hemorrhage prior to his entering hospital. He had a slight hemorrhage on the night of the 3d of May. His wound did very well until the night of May 13th, when he had secondary hemorrhage to the amount of half a pint. I determined to ligate the posterior tibial artery. I gave him chloroform. It had such a prostrating effect I had to suspend its administration and put off the operation. I applied a compress over the track of the artery at the seat of injury and a roller from the toes to the middle of the thigh. He had no return of hemorrhage and was furloughed as convalescent May 31st.

SECONDARY HEMORRHAGE.

Sergt. S. M. Hill, Co. C, 11th Ala. Regt., aged 22, was admitted into hospital with gun-shot wound of lower third of right leg. Jan. 11th, gangrene attacked the wound; treated in the usual manner. June 21st, copious hemorrhage from posterior tibial artery. Treated by compression with pledgets of lint saturated with a solution of Monsel's salt of per. sulphate of iron, and retained them in position by an evenly applied bandage from the toes to the thigh. The hemorrhage was arrested; patient recovered and was furloughed July 7th.

COMPOUND COMMINUTED FRACTURE OF FEMUR.

Private Martin Powers, Co. K, 32d Regt., Tenn. Troops, aged 19, was admitted with compound comminuted fracture of femur near trochanter minor. Wound received March 19th, 1865. This case was treated for a month without any splint. He was placed upon a good firm mattress, extension being kept up by means of a long strap of adhesive plaster attached to both sides of the leg, forming a loop beneath the foot, to which was attached a cord and weight running over a pulley fixed to the foot-board of the bedstead. This position becoming very irksome to him, and fearing bed sores, I applied Smith's anterior splint, which gave him great relief by allowing more freedom of motion. During the progress of the case, eight spiculæ of bone were detached. August 7th. Is now so far recovered that he can walk about, and starts for his home in Franklin, Tenn. This case recovered with about 1¼ inches of shortening of the limb.

SECONDARY HEMORRHAGE.

John Dawson Rogers, farmer, aged 16, has suffered for eight years with valvular disease of the heart, caused by rheumatism and resulting hypertrophy of the heart. March 18th, 1867, he was wounded by an axe in the upper third of left leg. At the time of the accident he had severe hemorrhage which was arrested by the per sulphate of iron and compression. Four days afterwards he had another hemorrhage.—Three days after that I was sent for to see him, but as he lived so far from town and was then under the care of a competent physician, I declined going, as I was very busy at the time. He was afterwards

brought to town and placed under my care. March 28th. I first saw Mr. Rogers; he was very anemic and nervous from excessive loss of blood and suffered distressingly from tumultuous action of the heart and headache. Under such circumstances I hesitated to administer chloroform for the purpose of ligating the anterior tibial artery, and did not think he could safely bear the pain and nervous agitation attending the operation without anesthetics; besides he was of the hemorrhagic diathesis, and had frequently had copious hemorrhages from the nose.—I therefore feared excessive bleeding from the necessary incisions to ligate the artery. Influenced by the above mentioned circumstances I determined to try the graduated compress, and saturated a solution of the persulphate of iron and compression of the limb by means of a roller from the toes to the middle of the thigh. I placed the limb at rest in an elevated position and gave internally quinia dissolved in tinct. ferri chloridi, and diet of the most generous and heat exciting kind that he could procure. On the seventh day, after I first saw him, he had another secondary arterial hemorrhage, whilst I was removing the soiled and offensive dressings from the wound. I immediately applied the tourniquet, removed the dressings, cleaned the wound of pus, &c, re-applied the compress and roller and swung the limb as in fracture of the femur, when treated by Smith's anterior splint. He had no return of hemorrhage from the wound, but had a very copious hemorrhage from the nose, which could only be arrested by plugging the anterior and posterior nares with small pieces of sponge saturated with a solution of the persulphate of iron. Mr. Rogers' heart is greatly hypertrophied, the impulse shaking the bed and clothing. The blowing sound was at this time very loud, being increased by his anemic condition. He afterwards had another hemorrhage from the nose which I arrested by the same treatment. May 10th, 1867. He has had no return of hemorrhage. His wound healed up by granulations, no aneurism formed, and he appears to have made a perfect recovery so far as the wounded artery was involved.

Would it have been good treatment to administer anesthetics to him, suffering as he was from organic disease of the heart of long standing, or to make free incisions to ligate the anterior tibial artery in a man of the hemorrhagic diathesis? The result proved that styptics, compression, elevation, rest, tonics and a generous diet were sufficient in his case.

ANEURISM OF FEMORAL ARTERY AND BY LIGATURE.

Dixon Spivy, private Co. C, 5th N. C. T., was sent to this hospital, May 28th, 1863. He was a large muscular man, by occupation a farmer, aged 46 years. He was wounded with buck shot, six shot having penetrated the left thigh about the middle, and two the right leg. Traumatic aneurism of the femoral artery surpervened on the 9th of June, 1863, produced by one of the wounds of the left thigh. The aneurism was seven inches above the knee. It was three inches in breadth and three and one-fourth inches in length; pulsation very evident and strong. He having lost a great deal of blood when shot, I

put him on quinia, iron and generous diet; perfect rest of limb with cold applications. June 11th, I commenced digital compression of the femoral artery, immediately below Poupart's ligament. The compression was kept up, so as to greatly diminish, for twelve hours and a half, the current of blood. I gave, at the same time, tincture veratrum viride. At the end of twelve hours and a half, the compression was discontinued, and I had the pleasure of not being able to detect pulsation in the tumor. I think a coagulum was formed, as no pulsation was perceptible up to the 3d of July, 1863, when a slight pulsation could be felt, which gradually grew stronger. The tumor also increased in size.—He complained of much pain in the limb. The pulsation became stronger than ever and the aneurismal tumor larger. The whole limb became swollen and œdematous. July 8th, 1863, I determined to ligate the femoral artery. I ligated it in Scarpa's triangle, five inches from its origin—the sartorius muscle being drawn outwards during the operation. The operation has been, so far, successful, and the patient is convalescent. I gave him chloroform. What is remarkable in this case is, that pulsation should have returned in the aneurismal tumor, after its suspension from the 11th of June to the 3d of July.—Jan. 30th, 1864; I saw Spivy to-day. He has had no return of the aneurism. The operation was entirely successful.

[APPENDIX.]

[C.]

CASE OF LACERATION OF THE PERINEUM AND DESTRUCTION OF THE RECTO-VAGINAL SEPTUM.

BY CHAS. JAMES O'HAGAN, M. D.

The following case is respectfully submitted to the members of the Association, as showing what can be accomplished under disadvantageous circumstances, for the relief of a very distressing class of injuries to which the female genitals are liable in parturition.

In the month of April, 1866, Mrs. M. L., of Pitt County, presented herself for examination and advice before the undersigned. The patient was a widow lady, twenty-eight years old, and the mother of three children. She was in good health, well formed and of a sanguino bilious temperament, but with a rather melancholy and distressed expression of face.

Eight years ago, in labor with her first child, a breach presentation, the accident had happened.

She was placed upon her back, with the knees flexed and examined before a good light, when the following condition of the parts presented itself:

The perineum and sphincter ani muscles were entirely destroyed; there was no anus even, and nothing to indicate its existence but a narrow strip of mucous membrane of the posterior wall of the rectum.

The cicatrized ends of the sphincter ani muscle were visible on close examination, and high up in the huge cavity, the ragged end of the ruptured rectum could be seen stained on its anterior edge with the coloring of the fœces which escaped from her involuntarily and unconsciously.

The patient described her condition as deplorable in the extreme. She had no control whatever over the bowels, and their contents were constantly flowing from her, and rendering her so offensive to herself and others that she was unable to be in company for any length of time without becoming a positive nuisance.

There was no appearance of a vagina, except about three-fourths of an inch from the cul-de-sac, and yet there was no procidention and never had been, nor did she complain of any uterine trouble whatever, and menstruated regularly without pain or suffering.

After some deliberation it was decided that an operation offered strong hopes of relief, and even if it failed, her condition could not be made worse than it then was.

The want of proper instruments and materials, such as silver wire, and the ivory bars used as clamps to support the deep sutures, was severely felt, and the impossibility of obtaining them made us resort to substitutes of a very inferior quality. The clamps we made ourselves from wood, and they are here exhibited, [they were produced by Dr. O'H. for the inspection of the Society,] and a piece of common iron wire, about one-sixteenth of an inch thick, had to be substituted for silver; but the greatest difficulty was experienced for the want of the right kind of a needle, and a *porte-aiguille* to hold and direct it while carrying the wire through the deep sutures.

On the morning of the 24th of June, the patient, having her bowels well cleared out by a cathartic given the day before, was with great difficulty brought under the influence of Chloroform. She was then placed in the position for lithotomy, and the wrists securely fastened to the ankles.

Dr. Williams attended to the Chloroform and Dr. Brown rendered valuable assistance during the whole operation, which was performed as follows: Dr. O'Hagan taking a long, straight and narrow bistoury, entered it at the right verge of what had been the anal orifice, passed it about one-fourth of an inch beneath the tissue in a straight line up to the ragged end of the bowel, then by a single sweep of the instrument brought it up to the inferior labial commissure, paring a thin slice of tissue in the shape of a triangle, with the base running from the anus to the ragged end of the bowel and the apex at the commissure. Then seizing the piece of tissue the bistoury was carried across the remaining portion of the bowel, and the edge laid by the side of the cicatrix: on the left side a slice similar in thickness and dimensions to that on the right was shaved off, with one sweep of the knife.

The vivified surfaces were then smoothed and trimmed with the utmost care and nicety, so that the coaptation of the parts might be perfect, and adapted with the utmost precision when brought together.

They were then sponged off and left to glaze before the insertion of the wires. And now came the "tug of war,"—to insert the wires with the means at our command. We had none of the ingenious appliances for carrying the needle through the thick fleshy tissues of the buttocks, and conveying the clumsy and unyielding suture round the sharp curve at the bottom of the womb and then bringing it round on the opposite side, which city surgeons can so readily obtain from the instrument maker. We had nothing but a curved needle about three inches long, with cutting edges, and an eye so small that the wire had to be flattened with a hammer before it could be passed through it. This was the most annoying and vexatious part of the operation, and was finally accomplished by Dr. Brown, with singular dexterity and skill. There were four deep sutures inserted and six superficial ones, and the parts brought neatly and firmly together, and secured on the wooden bars. The sphincter was divided on one side only.

Six hours after, she awoke refreshed and had her bladder emptied by a catheter. The opiate was repeated and the bladder again empted at 12 o'clock that night.

It should have been mentioned that her knees and ankles were confined by a towel, and she was directed to lie upon her back as quietly as possible.

Monday, 25th; Woke at 1 o'clock feeling quite comfortable, bladder again emptied;—directed light and nourishing diet, and one grain of opium night and morning. In the evening bladder again emptied, when, to our extreme chagrin, it was discovered that the catamenia, which was not due till sixteen days later, had made its appearance, and the vagina was filled with blood, which swelled up over the upper margin of the wound.

This was very embarrassing, and unless arrested must ruin the success of the operation.

A curved glass womb syringe was inserted carefully into the vagina, and the menstrual fluid pumped out, as it were. The operation was repeated every three hours and the vagina well washed out with ice water after each operation, and in addition, a towel wet in ice water was kept constantly applied to the lower part of the bowels. By pursuing this course, the flow was arrested in twenty-four hours, and our hopes for the success of the operation began to revive.

26th; Some œdema of the parts; no pain; opium as usual; bladder emptied three times; diet as before; menstrual flow almost ceased.

27th; Patient comfortable, except tired of lying on her back. Menstrual flow quite gone.

28th; Œdema increasing, the bars sunk in the soft parts, and producing some pain. Vagina to be washed out three times daily and cold clothes over the parts.

29th; Œdema increased; bars buried in the soft parts still more deeply. Fearing mischief if the deep sutures were allowed to remain longer, it was decided to remove them at once, which was accordingly done, with marked relief to the patient, although it had been intended not to remove them until the tenth day.

Bladder somewhat irritable, and secretion of urine active, requiring catheter every six hours.

30; Œdema considerably diminished, patient comfortable, appetite good; bladder still irritable and intolerant of urine in any great quantity.

From this time forward the patient steadily improved; on the tenth day after, the superficial sutures were removed and union seemed complete. On the thirteenth day the bowels were moved by a full dose of castor oil, and, to our extreme satisfaction, every thing passed off well, and left us assured of the complete success of the operation; but we deferred any tactile examination until the union between the parts was firmer and stronger. On 15th of July, just twenty-two days after the operation, the patient returned home twenty miles distant, and [illegible] to this day in the enjoyment of all her functions. The operation entirely successful, and the woman rescued from a life of misery and suffering, is now in the enjoyment of health and comfort.

[APPENDIX.]

[D.]

TOPOGRAPHY AND DISEASES OF CHOWAN COUNTY.

BY R. H. WINBORNE, M. D.

Chowan county is situate upon the Northern bank of Chowan river and Albemarle sound, and is intersected by numerous swamps and creeks. Like most of the tide-water region of the State, large quantities of low and marshy lands border upon her streams. Her soil is somewhat diversified. In some portions light and silicious, in others heavy and alluvial, and in others stiff and aluminous.

Miasmatic fevers are emphatically the endemic diseases of the county. During the past year, they prevailed more generally than in any season since 1855. Their prevalence began much earlier than usual; the number of cases occurring in the summer months equaling the number of cases of the autumnal months usually. The intermittents were mostly of the double-tertian type—the remittents the same, and the tendency to dangerous internal congestion greater than I have observed in former seasons.

The usual treatment consisted of the exhibition of a combination of vegetable and mercurial, or mercurial followed by saline cathartics and the sulphate of quinia. The alcoholic solution of quinoidine and the sulphate of cinchonia were used very efficaciously in intermittents. In chronic intermittents a combination of quinoidine, sulph. of cinchonia, and sulph. of quinia, as containing all the active principles of the bark, I have found superior, in repeated instances, to any one of the preparations singly. When the cold stage was much prolonged a full dose of opium was very prompt in producing reaction. I have but limited experience in the internal administration of chloroform in cutting short the cold stage, but think favorably of the practice. In active congestion of the portal system with hypercatharsis in the cold stage, calomel, opium and quinine internally, and sinapism to extremities and abdomen were employed with good effect.

The cause of the unusual prevalence of these fevers would seem to have some connection with two seasons, consecutively, unusually dry, the water level beneath the earth's surface having been lower during the past season than had been observed for many years previous—a condition thought to be favorable to the development of that occult but much sought after cause of malarial fevers.

The most common sequela of these fevers which call for our interference is the cachectic condition associated with chronic splenitis, characterized by anemia, weak and rapid pulse, loss of strength, enlarged abdomen, edematous extremities, &c. For this condition the administration once or twice a week of comp. cath. pills and a quarter grain

iodine, two grains of sub carbonate of iron, and two grains of quinine three times per day, I have found very beneficial. By perseverance in the above plan I have rarely failed of reducing the spleen to its normal dimensions, and of restoring to the patient a good share of health.—Of the tonic and alterative properties of iodine I entertain a high estimate.

In the early part of summer dysentery prevailed to some extent, but generally quite amenable to treatment. After evacuating the alimentary canal by a dose of castor oil, the following prescription:

Subnit. Bismuth,.....60 grs.
Opium,.....2 grs.
Blue Mass,.....12 grs.

made into twelve pills—one to be given every two hours, and alternated every second or third day with the oleaginous mixture until fœcal evacuations were produced—generally afforded speedy and prompt relief. Bismuth has undoubtedly a very decided influence upon the ganglia of the sympathetic system. I have frequently witnessed its effects in relieving the pain, tormina and tenesmus of dysentery. In children subnit. bismuth, prepared chalk and tr. opii I have found very valuable in that form of diarrhœa, characterized by a general febrile condition—rapid emaciation and a green, frothy discharge.

Diptheria prevailed sporadically with us during the year. But one fatal case came within my observation, and that was one of those insidious attacks so common to this disease. The little patient had been ailing eight or ten days. A few small patches of the peculiar ash-colored exudation had been seen upon the mucous membrane of the fauces but had quite disappeared, and apparently the child was convalescent; but the next day after I saw her last I was summoned in post-haste to find a case of diphtheretic croup, which, after every effort on my part, carried off my little patient in thirty-six hours—a complication almost necessarily fatal.

The constitutional treatment of this disease consisted of the administration of chlor. potassa in the first stage—nutritious diet and tr. sesquichloride of iron in the declining stage. The local treatment consisted of emollient poultices to the throat and a gargle composed of equal parts of honey, tr. myrrh and tr. of capsicum. The frequent use of the solid caustic and other strong irritating gargles is, in my opinion, productive of more harm than good, often causing extensive inflammation and swelling of the cervical and sub-maxillary glands.

During the autumnal months serous or colliquative diarrhœa prevailed to some extent. From its sudden onset, rapid course and fatal results, especially among the old and the debilitated, it was apprehended that Asiatic cholera had appeared among us. I am satisfied it was not, however; for I have on several occasions before seen similar attacks, when no cholera was on this continent. The attack was usually ushered in by an indescribable faintiness and sickness in the stomach and bowels—soon followed by emesis and copious dejections; the latter at first the contents of the canal variously altered in color and consistence, afterwards whitish, opaque, serous, resembling the genuine rice-water discharges of cholera. Soon prostration supervened, the patient

was literally bathed in perspiration—the extremities cold and shriveled, the muscles of limbs and abdomen often spasmodically contracted, and death in a short time, unless reaction was produced. Small doses at short intervals of calomel, opium and acet. lead and brandy juleps internally—frictions, rubefacients and artificial heat externally constituted the treatment.

Cases of Variola were of frequent occurrence during the year. They were mostly in the persons of freedmen recently from Norfolk and Newbern. One observation alone, in connection with this disease, I deem worthy of mention, and that is that its contagiousness has been much overrated, at least in its earlier stages, and as far as my experience extended, the doctrine that the eruptive fevers are more contagious in their declining or desquamating stages, seemed to be confirmed. There were several instances within my knowledge in which the individual was not removed from a company of thirty-five or forty-five persons wholly unprotected, until the disease had reached the pustular stage without communicating the disease to more than one individual, and in one case not a single person.

Pneumonia, the treatment of which since the publication of Dr. Bennett's book, has engaged so large a share of the attention of medical journalists—was unusually prevalent and severe during the past winter and spring. What is usually denominated reform is not always improvement. From the tenor of many late publications of the advocates of the "restorative plan" of treatment, it seems to me there is probability of their system being carried to an extreme equally, if not more, dangerous than the system of the exclusively antiphlogistic school. Pneumonia is one of those diseases that at all times requires the best skill and soundest judgment of the practitioner. In its rational treatment I take it for granted that all the surroundings of each individual case should be surveyed—the age, the constitution, the condition of health at time of attack, the character of prevailing diseases, the locality of residence, &c., and its accidental complications. It is a well known fact to every intelligent practitioner in my section, that among the worst cases we meet with, and which required peculiar treatment, are those in persons who have had remittent fever in the Fall—irregular intermittent through the Winter, and at the time of the attack of pneumonia in the Spring. I do not believe in malarial pneumonia, *per se*, as a disease producing a peculiar inflammation of the pulmonic structure, and eliciting peculiar physical sounds. I believe that in all malarial regions the two diseases often complicate the same case, and that it is as necessary to address remedies to the one as to the other. The paroxysms of fevers must be arrested before any great improvement can take place in the lung.

In uncomplicated cases of pneumonia the usual treatment with us consisted of an active cathartic in the first place, followed by regular doses through the twenty-four hours of from one to two grains tartrate of antimony, and from one to two drachms of nitrate of potash, dissolved in a pint of fluid. This prescription was usually followed until the fever somewhat abated, the skin relaxed, and the pulse softened. A slight mercurial impression and blistering succeeded. This accom-

plished, stimulant expectorants and anodyne diaphoretics completed the remedies. Blood-letting was not practiced, and I believe it is rarely useful with us. In the very outset of the attack, when the pain is great and the respiration difficult, it may be practiced with benefit for the relief of these symptoms, but beyond the accomplishment of these objects I doubt its practical utility, at least in my section, unless in plethoric robust subjects. In cases complicated with intermittent fever the sulph. of quinine was given daily in full antiperiodic doses in conjunction with remedies addressed to the pulmonic lesion.

In submitting this report I have simply enumerated the principal diseases that prevailed with us during the past year, and indicated a general outline of their treatment—not having observed in their type, character and treatment any peculiarity which is not fully elaborated by authors, and within the knowledge of the profession generally—making only such observations as I deemed of practical importance.

I will only add a few facts and observations upon nine cases of Eclampsia which it has fallen to my lot to witness within the last six or seven years. Seven of the cases were primiparæ. Five were anti-partem, and four post-partem. Of the five anti-partem cases: In two cases both mothers and children survived; in two, mothers survived and children perished; in one, mother and child both perished.

Of the four post-partem cases: In three, mothers and children survived; in one, mother survived and children perished—being a case of twins born prematurely by mother's estimate. I adopt the views of Dr. Meigs entirely as to the pathological condition of every female who has convulsions during and immediately after parturition; that she has had more or less albuminuria and uræmic poisoning. As to the treatment: The lancet is our chief reliance. Bleed as often and as much as the patient can well bear, so as to relieve the tension of the blood-vessels of the brain—apply cold applications to the head—keep the patient constantly under the influence of chloroform, and deliver as soon as possible by turning, forceps, or perforation, as the case may require. After delivery, put the patient to bed in a quiet, dark room, and refrain from all medicines save gentle diuretics, (of which I prefer the salts of potash,) for three or four days; relieve the bladder daily with the catheter, and at the expiration of three or four days, if not voluntarily before then, relieve the bowels with castor oil. I am satisfied that after delivery more should be trusted to nature and less to medicines than our anxieties for our patients and the importunities of their friends allow.

In post-partem convulsions, after free bleeding, I have found no difficulty in arresting the convulsions by the exhibition of from sixty to eighty drops of tr. opii., to be repeated in twenty drops doses after every convulsion. Of the four cases thus treated, three were promptly arrested and the fourth had but one additional convulsion.

The convulsions were not, in my opinion, from active congestion of the brain, but from a morbid irritability of the nervous centres produced by the excess of urea in the blood; and the great object of blood-letting is to relieve the blood vessels from the great pressure upom them during the violence of the convulsions.

[APPENDIX.]

[E.]

C. W. GRAHAM, M. D.

Mr. PRESIDENT:—Since our last annual meeting our fellow-member and late Treasurer of this Society, Dr. C. W. Graham, has departed this life. He died at his home, in Duplin county, on the 14th day of September last, in the 47th year of his age, lamented by all who knew him. Dr. Graham received his academic education at Wake Forest College and the University of the State, having entered the former in February, 1834, and the latter in January, 1838. He graduated at the University in 1844, and in the fall of that year began his medical studies under the late Dr. Benjamin Robinson, of Fayetteville. He graduated in medicine at the University of Pennsylvania in the spring of 1844, and immediately thereafter located at Kenansville, his native county, and was engaged for more than twenty-two years in the practice of his profession, with equal credit to himself and usefulness to the public.

At an early period of its existence he joined the State Medical Society, and by his urbanity of manners, his zeal in the interest of his profession, and his devotion to duty, soon won the respect and esteem of its members.

As a citizen, Dr. G. was patriotic and just; as a physician, humane and conscientious. When one of such personal merit and professional worth passes away, it is meet his professional brethren should pay tribute to his memory. Therefore,

Resolved, That the Medical Society of North Carolina have heard with feelings of profound sorrow of the death of their esteemed fellow member, Dr. C. W. Graham, and that they will cherish in their hearts the recollection of his many virtues.

Resolved, That the Society tender to his heart stricken family their sincere condolence with them in their sore bereavement.

Resolved, As a further mark of esteem, a copy of this report be spread upon the journals of the Society, and a copy be forwarded by the Secretary to the family of the deceased.

Dr. R. H. WINBORNE,
" C. J. O'HAGAN,
" JOHN T. HICKS,
} Committee.

JAMES E. WILLIAMSON, M. D.

WHEREAS, Dr. James E. Williamson, of the county of Caswell, has been called from time to eternity since the last annual meeting of this Society,

Resoleed, That the State Medical Society have heard with feelings of profound sorrow of the death of their fellow-member, Dr. James E. Williamson.

Resolved, That this Society deplore his loss as one of its earliest members and strongest advocates—as a most enthusiastic and devoted physician—a public spirited and useful citizen, and a christian gentleman.

Resolved, As a further tribute, that a copy of these resolutions be spread upon the journals of the Society, and a copy be forwarded by the Secretary to the family to the deceased.

Dr. R. H. WINBORNE,
" C. J. O'HAGAN, } Committee.
" JOHN T. HICKS,

CHARLES F. DEWEY, M. D.

WHEREAS, Dr. Chas. F. Dewey, of Goldsboro', has departed this life since our last annual meeting,

Resolved. That the State Medical Society have heard with feelings of profound sorrow of the death of their fellow-member, Dr. C. F. Dewey.

Resolved, That they deplore his loss as a worthy member of the Society, an accomplished physician, and useful citizen.

Resolved, That they tender their condolence to the afflicted family of the deceased for their irreparable loss.

Resolved, That a copy of these resolutions be spread upon the journals of the Society, and a copy be forwarded by the Secretary to the family of the deceased.

Dr. R. H. WINBORNE,
" C. J. O'HAGAN, } Committee.
" JOHN T. HICKS,

LIST OF MEMBERS OF THE NORTH CAROLINA MEDICAL SOCIETY.

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL.	PRESENT RESIDENCE.	DATE OF SIGNING
1	Dr. E. Strudwick,.....	Orange County,.....N. C.	University of Pennsylvania.	Hillsboro', ...N. C.	April 3d, 1850
2	J. E. Williamson,.	Caswell "	" "	Locust Hill, Caswell Co	" "
3	W. H. McKee,....	Raleigh,.....	" "	Raleigh,.....N. C.	" "
4	William G. Hill,..	"	" "	"	" "
5	Chas. E. Johnson,	Chowan County,....	" "	Raleigh,.....	" "
6	N. J. Pittman,....	Halifax County,....	" "	Tarboro'	" "
7	T. H. Turner,.....	Orange "	Jefferson Medical College.	Hillsboro',.....	" "
8	Johnson B. Jones,	Chatham "	Charleston " "	Charlotte,.....	" "
9	R. B. Haywood,...	Raleigh,.....	Jefferson Medical College.	Raleigh, ...	" "
10	William Webb,....	....	....	....	....
11	F. J. Haywood,...	....	....	....	....
12	N. L. Stith,.....	....	....	....	....
13	David A. Telfair,.	Washington,.....	....	....	....
14	L. C. Manly,.....	Raleigh,.....	....	....	....
15	James B. Dunn,...	Forestville, ...	University of Pennsylvania.	Forestville,.....	April 4th, 1850
16	W. H. Crenshaw,.	.....	....	....	....
17	James A. McRae,	Fayetteville, ...	University of New York,...	Fayetteville, ...	April 3d, 1850
18	Will. Geo. Thomas,	Louisburg,.....	" Pennsylvania,	Wilmington, ...	" "
19	N. Mendenhall,....	.....	....	....	....
20	H. W. Graham,...	.....	....	....	....
21	O. Hooker,.....	Greene County,.....	University of Pennsylvania.	Hillsboro', ...	April 3d, 1850
22	S. S. Satchwell,...	Beaufort "	" New York,...	Rocky Point,.....	" "
23	John R. Mercer,..	Edgecombe County,	" Pennsylvania,	Edgecombe Co....	" "
24	P. T. Henry,.....	Bertie "	" New York,...	Windsor, ...	" "
25	John Q. Anderson,	Caswell "	" Pennsylvania,	Caswell County,..	" "
26	C. F. Dewey,*...	Raleigh,.....	" "	Goldsboro', ...	" "

LIST OF MEMBERS.—Continued.

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL.	PRESENT RESIDENCE.	DATE OF SIGNING
27	Dr. P. P. Peace.....	Granville County,..N. C.	University of Pennsylvania,	Granville County N.C.	April 3d, 1850
28	E. B. Haywood,...	Raleigh,.....	" "	Raleigh,.....	April, 1850
29	J. R. Thompson,..	"	" "	Smithfield,.....	"
30	J. M. Taylor,.....	Nash County,.....	" "	Stanhope,.....	April 3d, 1850
31	Robert Gibbon,....	Pennsylvania, ...	Jefferson Medical College,	Charlotte,.....	"
32	Wm. M. Broocks,.	Charlotte, Va.,....	" " "	Milton, ...	April 4th, 1850
33	J. F. McRee, Jr.,	Wilmington.....	University of New York,...	Wilmington,.....	"
34	J. G. B. Myers,...	Beaufort County,..	University of Pennsylvania,	Washington	"
35	John T. Hicks,....	Wake County,.....	" "	Fish Dam.....	May 22d, 1851
36	E. H. Crudup,.....	Franklin County,..	" "	Franklin County,	"
37	J. B. Mann,*.....	" " ...	Jefferson Medical College,	" "	"
38	L. D. Schoolfield,.	Guilford " ...	" New York,...	Hillsboro'	"
39	W. R. Miller,.....	Raleigh, ...	Jefferson Medical College,	Wake County....	"
40	J. M. Johnston,...	Yanceyville, ...	University of Pennsylvania,	Yanceyville.....	May 12th, 1852
41	James P. Bryan,..	Newberne;..	" "	Kinston, ...	"
42	A. B. Pierce,.....	Halifax County,....	" "	Halifax,.....	"
43	A. D. Moore,.....	Chatham "	University of New York,...	Wilson.....	"
44	Henry W. Faison,	Duplin "	University of Pennsylvania,	Duplin County...	"
45	Allmand Holmes,.	Sampson "	" "	Sampson " ...	"
46	L. Frink,.....	Brunswick "	" "	Brunswick Co...	"
47	B. F. Whitaker,...	Halifax "	Jefferson Medical College,	Enfield	"
48	John Swann,.....	New Hanover Co.,	Charleston "	Wilmington	"
49	J. W. Hutchings,.	Hertford, County,.	University of Pennsylvania,	Murfreesboro'	"
50	Henry Joynər,.....	Halifax "	" "	Halifax County...	"
51	Owen Hadley,.....	Chatham, "	" New York,...	Richmond Co.....	"
52	William H. Moore,	" "	" "	Chapel Hill,.....	"

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL	PRESENT RESIDENCE.	DATE OF SIGNING
53	Dr. W. W. Harriss...	Wilmington.....N. C.	University of New York...	Wilmington,.....N. C.	May 12th,1852
54	Thomas Woodley R	Isle of Wight Co...Va.	University of Pennsylvania,	Kinston	"
55	W. G. Curtis.....	Hopkinton .....N. H.	Harvard University.....	Smithville.....	"
56	E. A. Anderson...	Wilmington.....N. C.	Yale College	Wilmington,.....	"
57	D. B. Gillespiee...	Bladen County.....	Charleston Medical College,	Westbrook.....	May 13th,1852
58	A. D. McLean.....	Robeson County....	Jefferson Medical College,	Robeson County.	May 18th,1853
59	H. F. Murphy.....	New Hanover Co..	Columbia College.....	Teachey's Depot,	"
60	G. W. Blacknall..	Granville County...	University of Pennsylvania,	Kittrell's Depot,..	"
61	C. T Murphy.....	New Hanover Co...	Jefferson Medical College,	Sampson County,	"
62	C. C. Covington...	Richmond County..	University of Pennsylvania,	Rockingham.....	"
63	J. McK. Alford...	Robeson County....	University of New York...	Alfordsville.....	"
64	H. H. Robinson...	Bennington, Vt....	Virginia Medical College,	Elizabethtown....	"
65	Robert Monroe.....	Cumberland County	Charleston Medical College,	Cumberland Co...	"
66	B. C. Williams....	Moore ¼ County.....	University of Pennsylvania,	" "	"
67	Baker W. Mabrey,	Edgecombe County	University of New York...	Tarboro'.....	May 10th,1854
68	F. M. Garrett.....	" "	" "	Falkland, Pitt Co.	"
69	J. T. Leach	.....	Rutger's	Leachburg	"
70	George M. Cooley,	.....	Jefferson Medical College,	Raleigh.....	"
71	Edward Warren...	.....	University of Virginia.....	Prf Wash U, Balt	"
72	Hugh Kelly.....	.....	University of New York...	Statesville.....	"
73	M. M. Murray.....	.....	" "	Middleton	"
74	T. L. Banks.....	.....	University of Pennsylvania,	Wake County....	"
75	E. R. Gibson.....	.....	" "	Concord	May 16th,1865
76	A. C. McRee.....	.....	" "	"	"
77	F. M. Henderson..	.....	" "	"	"
78	A. M. Nesbitt.. ..	.....	University of New York...	Salisbury.....	"

LIST OF MEMBERS.—Continued.

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL.	PRESENT RESIDENCE.	DATE OF SIGNING
79	Dr. J. J. Summerell,.	.....	University of Pennsylvania,	Salisbury.....N. C.	May 16, 1855
80	Peter E. Hines...	.....	" "	Newberne.....	"
81	M. Whitehead....	.....	Medical College of Virginia,	Salisbury.....	"
82	Robt F. Hackett,.	.....	Jefferson Medical College,	Wilkesboro'.....	May 17, 1855
83	Jas. G. Ramsay..	.....	" " "	Rowan County....	May 16, 1855
84	Henry J. Macon..	Warren.....N. C.	University of Pennsylvania,	Warrenton.....	May 14, 1856
85	H. M. Whitley....	Johnston County....	" "	Smithfield.....	"
86	Thos. H. Avera...	Wake " ...	" "	Eagle Rock.....	"
87	Charles T. Powe..	Salisbury	" "	Salisbury.....	"
88	J. A. Gibson.....	Concord.....	" "	Concord	"
89	Edward C. Fisher,	Richmond, Va.....	University of Maryland.....	Raleigh.....	"
90	C. W. Graham*..	Duplin County.....	University of Pennsylvania,	Kenansville.....	April 15, 1857
91	Wm. Strudwick..	Hillsboro'.....	Jefferson Medical College,	Hillsboro'	"
92	Caleb Winslow....	Perquimans County,	University of Pennsylvania,	Hertford.....	"
93	George H. Coke..	Williamsburg, Va...	" "	Woodville.....	"
94	Thos. D. Warren,	James City, Va.....	" "	Edenton	"
95	T. H. Wingfield..	Portsmouth, Va.....	" "	Bertie County.....	"
96	R. H. Winborne..	Hertford County....	" "	Edenton	"
97	W. G. Poole	Pasquotank County,	" "	Elizabeth City....	"
98	James N. Butt....	" "	" "	" "	"
99	Robt. B. Tabb....	Elizabeth City Co, Va.	" "	Camden County...	"
100	Wm. H. Finlayson	Sampson County....N. C.	Jefferson Medical College,	Goldsboro'	"
101	David Cox.....	Currituck County...	University of Pennsylvania,	Perquimans Co...	"
102	J. F. Manning....	Edenton.....	" "	Gates County.....	"
103	B. F. Fessenden R	Plymouth.....	" "	Brooklyn, N. Y..	"
104	Geo. W. Hodges.	Tyrrell County.....	University of New York,...	Sladesville	"

LIST OF MEMBERS.—Continued.

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL.	PRESENT RESIDENCE.	DATE OF SIGNING
105	Dr. J. T. Smith.....	Hertford .....N. C.	University of Virginia.....	Hertford.....N. C.	April 15, 1857
106	Wm. R. Spruell..	Edgecombe County.	University of Pennsylvania,	Pasquotank	"
107	B. F. Graham....	Alamance "	Jefferson Medical College,	Wake County.....	May 19, 1858
108	Ira Scarboro.....	Greene "	University of Pennsylvania,	Greene "	"
109	J. M. Hapboldt...	Charleston.....S. C.	" "	Morganton.....	"
110	S. Singleton.....	Hyde County.....N. C.	" "	Portsmouth.....	"
111	Wm. R. King....	Franklin County....	" "	Louisburg.....	"
112	James A. Bizzell,	Wayne "	" "	Clinton	"
113	W. C. Lankford..	Franklin "	University of New York,...	Louisburg.....	"
114	W. H. Howerton,	" "	Jefferson Medical College,	Richlands, Onslow	"
115	W. J. Busbee.....	Wake "	University of Maryland....	Wake County.....	"
116	John S. Leach....	Johnston "	University of Pennsylvania,	Johnston County.	"
117	James K. Hall....	Iredell "	" "	Greensboro'.....	"
118	S. G. Boyden.....	Massachusetts.....	Harvard University.....	Goldhill	"
119	Lycurgus M. Bell,	Currituck County...	University of New York,...	Currituck	"
120	John J. Wilson...	Pennsylvania.....	University of Pennsylvania,	Goldhill	"
121	E. W. Ward.....	Newberne	Jefferson Medical College,	Jacksonville	"
122	George A. Foote.	Warrenton	" " "	Warrenton	"
123	William Cramer..	New York.....	University of New York...	Beaufort.....	"
124	*John Shackelford.	Newberne.....	University of Pennsylvania,	Trenton.....	"
125	A. Medway R	Hungary.....	Charleston Medical College,	Chicago.....	"
126	Stuart White.....	Raleigh	University of New York...	New York.....	"
127	*Sam'l E. Chapman	Newberne	" "	Newberne	"
128	M. F. Arendell...	Beaufort	" "	Beaufort	"
129	*A. S. Wiggins....	Halifax County.....	University of Pennsylvania,	Ringwood.....	"
130	Warburton Hill...	Duplin "	University of New York...	Goldsboro'	"

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL.	PRESENT RESIDENCE.	DATE OF SIGNING
131	Dr. Chas. H. Harriss.	Wake County.....N. C.	University of Pennsylvania,	Earpsboro'.....N. C.	May 19, 1858
132	Leroy Chappell...	" "	" "	Kinston	"
133	W. R. Sharpe....	Iredell "	Jefferson Medical College,	Fulton	"
134	R. H. Shield.. ..	Virginia	Virginia Medical College,	Winton	"
135	R. G. Cobb.....	Lenoir County.....	College P. & S. New York,	Newberne	"
136	Walter Duffy.....	Ireland	Charleston Medical College,	"	"
137	W. T. Howard M..	Virginia	Jefferson Medical College,	Prof. Univ'ty Md.	"
138	W. W. Davis.....	Pittsboro'.....	University of Pennsylvania,	Wilmington	"
139	J. A. Guion.....	Newberne.....	" "	Newberne.	"
140	James A. Miller..	Georgia	University of New York,...	Rocky Point.....	May 19, 1859
141	Samuel Masters...	Hyde County.....	University of Pennsylvania,	Newberne, ...	May 11, 1859
142	R. L. Payne.....	Lexington	Jefferson Medical College,	Lexington.....	"
143	R. A. Chambers..	Montgomery Co.....	University of New York, ...	Pekin.....	"
144	D. T. Tayloe.....	" "	" "	Washington.	"
145	T. P. Coleman....	Iredell County.....	University of Pennsylvania,	Concord	"
146	A. A. Lawrence..	" "	" "	Statesville.....	"
147	F. M. Rountree...	Pitt County.....	" "	Kinston	"
148	W. H. H. Conner,	Randolph County...	Jefferson Medical College,	New Market.....	"
149	James Hickerson.	Wilkes " ...	" "	Briar Creek.....	"
150	E. B. Hampton...	" " ...	" "	Jonesville, ...	"
151	T. W. Johnston..	Orange " ...	" "	Orange	"
152	J. W. Caldwell...	Charlotte	Charleston Medical College,	Charlotte, ...	"
153	R. L. Beall.....	Davidson County....	Jefferson Medical College,	Cotton Grove.....	"
154	C. A. Alexander.	Mecklenburg " ...	.....	Cabarrus.....	"
155	Richard R. Barr,.	Rowan County.....	Jefferson Medical College,	China Grove.....	"
156	C. Happoldt.....	Charleston.....S. C.	S. C. Medical College.....	Morganton.....	"

LIST OF MEMBERS.—Continued.

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL.	PRESENT RESIDENCE.	DATE OF SIGNING
157	Dr. W. A. Collett.....	Burke County.....N. C.	Jefferson Medical College,	Morganton ..... N. C.	May 11, 1859
158	Thomas Williams,	Spartanburg Dist...S. C.	Transylvania College,.....	Shelby	"
159	James K. Nisbet.	Iredell County.....N. C.	University of Pennsylvania,	Statesville.....	"
160	Edmund F. Ashe,	Alabama.....	Jefferson Medical College,	Wadesboro'.....	"
161	James W. Hall...	Salisbury	Transylvania College,.....	Salisbury.....	"
162	R. S. Campbell...	Iredell County.....	Charleston "	Snow Creek.....	"
163	Wm. M. Riddick.	Gates "	University of Pennsylvania,	Woodville.....	"
164	M. A. Locke.....	Rowan "	Louisville,.....	Rowan Mills.....	"
165	D. B. Wood.....	" "	University of New York,...	" "	"
166	O. P. Houston...	" "	Jefferson Medical College,	Mount Ulla.....	May 19, 1859
167	W. M. Campbell.	Iredell "	" " "	Statesville.....	"
168	James Hay	Ireland.....	Penn. Medical College.....	Johnston County..	"
169	James McGuire...	Davie County.....	University of New York,...	County Line.....	"
170	W. J. Jones.....	Greene County.....	" "	Snow Hill.....	May, 1860
171	J. W. Lewis.....	Hertford County....	University of Maryland,....	Harrellsville,.....	"
172	W. J. Bullock....	Wilson " ...	University of Pennsylvania,	Wilson.....	"
173	Wm. Jas. Courts.	Surry " ...	New Orleans School Med.,	Rawlinsburg.....	"
174	J. Eborn.....	Beaufort " ...	University of New York,..	Bath	"
175	W. R. Capehart..	Edenton	New Orleans School Med.,	Edenton	"
176	Frank. Patterson.	Franklin	University of Maryland,...	Warrenton	"
177	Chas. J. O'Hagan.	Ireland	University of New York,...	Greenville	"
178	W. A. B. Norcom.	Edenton.....	University of Pennsylvania,	Edenton	"
179	J. Francis King..	Beaufort.....	New York Medical College,	Wilmington,.....	"
180	J. W. Jones.....	Edgecombe County.	University of Pennsylvania,	Tarboro'.....	"
181	Will. H. Battle:..	Louisburg	Medical College of So. Ca.	Clayton,.....	"
182	Horace I. Butt....	Isle of Wight.....	University of Pennsylvania,	Durham's Creek..	"

LIST OF MEMBERS.—Continued.

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL.	PRESENT RESIDENCE.	DATE OF SIGNING
183	Dr. J. M. Henderson.	Mecklenburg Co...N. C.	University of New York,...	Morganton.....N.C.	May, 1860
184	Wm. V. Bonner..	Beaufort County....	" "	Pactolus.....	"
185	James F. Long...	Plymouth	New York Medical College,	Washington	"
186	H. B. Ross.....	Beaufort County....	University of New York,...	Sladesville	"
187	J. N. Abell.....	" " ...	" "	Swan Quarter.....	"
188	John K. Ruffin...	Alamance " ...	University of Pennsylvania,	Washington	"
189	Jno. A. Gallagher	Washington.....	University of New York,...	"	"
190	Chas. W. Knight,	Tarboro'	University of Pennsylvania,	Williamston	"
191	J. B. Hughes.....	Newberne	" "	Newberne.....	"
192	W. A. Blount....	Washington.....	University of New York,...	Pactolus.....	"
193	Wm. C. Tate.....	Morganton.	Charleston Medical College,	"	"
194	Robt. C. Pearson.	"	University of New York,...	Morganton.....	"
195	Calhoun Hill.....	Duplin County.....	N. Y. Medical College,.....	Duplin County....	"
196	Hugh W. Tate....	Morganton	University of New York,...	Morganton	"
197	H. R. Curtis.....	London, England...	Medical College of So. Ca.	Catawba Station..	"
198	Junius T. Feller..	Granville.....	University of Pennsylvania,	Alumville.....	"
199	W. W. Gaither...	Alexander County..	Jefferson Medical College,	Gaston.....	"
200	R. A. Sheinpock.	Cabarrus "	Long Island College,.....	Milledgeville	"
201	John M. Lawing.	Mecklenburg Co....	University of Pennsylvania,	Mecklenburg Co..	"
202	Paul A. Barrier..	Cabarrus County....	L. I. College Hospital,.....	Mount Pleasant...	"
203	J. C. Gidney.....	Cleveland "	Jefferson Medical College,	Shelby County....	"
204	J. B. Seavey.....	Rochester, N. H....	Bowdoin College,.....	New Hanover Co.	1866
205	J. W. Jones.....	Davie County.....	University of New York,...	Salisbury.....	"
206	Wm. Barrow.....	Northampton Co....	University of Pennsylvania,	Jackson	"
207	William Little....	Raleigh	University of New York,...	Raleigh.....	"
208	Wm. R. Wood...	Plymouth.....	University of Pennsylvania,	Scotland Neck.....	1867

NO.	NAMES.	WHERE BORN.	MEDICAL SCHOOL.	PRESENT RESIDENCE.	DATE OF SIGNING
209	Dr. J. H. Hicks.....	Sampson County...N. C.	University of Pennsylvania,	Faison's.....N. C.	April 16, 1867
210	W. J. Thompson.	" " ...	Charleston	"	"
211	W. M. B. Brown.	Pitt County	University of New York,...	Greenville	"
212	Joseph Cotten.....	Scotland Neck.....	University of Maryland.....	Scotland Neck....	"
213	J. H. Baker.	Edgecombe.	University of Pennsylvania,	Tarborough.	"
214	Thos. C. Pugh....	Hamilton	" "	Williamston.....	"
215	Peyton H. Mayo.	Edgecombe.	" "	Falkland.....	"
216	M. T. Savage.....	Halifax County....	" "	Scotland Neck....	"
217	J. W. Sherrod....	Hamilton.....	" "	Hamilton.	"
218	A. H McNair.....	Tarborough.....	" "	Tarborough	"
219	Jno. G. Rives	Pitt County.....	University of New York...	Edgecombe.....	"
220	C. F Dowd.....	Wake County.....	University of Pennsylvania,	Wake County.....	April 17, 1867
221	T. E. Wilson	Virginia.	" "	Warrenton..	"
222	W. B. Ricks	North Carolina.....	" "	Rocky Mount.....	"
123	Thos. C. Powell.	North Carolina.....	" "	Edgecombe Co...	"
224	Franklin Hart....	Tarborough.....	" "	" " ...	"
225	Thos. F. Wood...	Wilmington	Richmond	Wilmington.....	"
226	Henry R. Thorpe	Rocky Mount.....	University of Pennsylvania,	Rocky Mount.....	"
227	P. S. Petway.....	Edgecombe County	" "	Edgecombe.....	"
228	G. L. Kirby.....	Sampson County...	Long Island College.....	Goldsborough.....	"

HONORARY MEMBERS.

	NAMES.	RESIDENCE.		NAMES	RESIDENCE.
1.	Drs. James F. McRee, Sr.	Wilmington, N. C.	6.	Drs. S. McClanahan.....	Chatham Co., N. C.
2	E. T. Broadnax	Leaksville, "	7.	Jno. D. Bellamy...	Wilmington, "
3.	Jno. T Boyd.....	New Berne, "	8.	Alexander Long....	Salisbury, "
4.	Jno H. Hill	Wilmington, "	9.	Richard Pillard....	Chowan Co. "
5.	Jas. J. Philips.....	Edgecombe, "	10.	W. H. McPheters.	St. Louis, Mo.
			11.	W. D. Wright.....	Norfolk, Va

NOTE.—The * denotes a recent death. R denotes removal to another State, or resignation.

In order to make the list as complete as possible, members deceased, and those left the State are erased from the roll.

It is earnestly requested that any errors observed in the list of members, should be brought to the attention of the Secretary.